

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>HT</i>	<i>52-946</i>	<i>06-22-01</i>
RESPONSE FORMALITY REVIEW	<i>KL</i>	<i>1019</i>	<i>10-26-01</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 +/- Restricted O Objected

Claim	Date
Final Original	
1	8-23-03
2	2-4-03
3	N
4	N
5	N
6	N
7	N
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Claim	Date
Final Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet her

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500-500
10/22/01

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